

U.S. Department of Justice
United States Marshals ServiceU.S. MARSHAL
BALTIMORE, MD

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process" attached

PLAINTIFF
William M. SchmalzfechtCOURT CASE NUMBER
RIPB14-15 PAB472

DEFENDANT

TYPE OF PROCESS

CLERK'S OFFICE

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
1103 Chesapeake Cr., Palatine, IL 60074
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Number of process to be served with this Form 285

1

William M. Schmalzfecht
6636 Washington Blvd. #71
Elkridge, MD 21075

Number of parties to be served in this case

1

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE. (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

FoldFold

Signature of Attorney other Originator requesting service on behalf of: <i>Adams Pro. 3c</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	410-206-9637	5/11/2015

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 037	District to Serve No. 037	Signature of Authorized USMS Deputy or Clerk <i>Jocelyn S. Ruby</i>	Date 06/03/2015
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date 05/20/2015	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy <i>Jocelyn S. Ruby</i>	

Service Fee \$8.00	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges \$8.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS: served via certified mail return receipt restricted delivery 8-7014 8120 0008 8092
8125
Service was accepted on 05/20/2015

DISTRIBUTE TO:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment. If any amount is owed, Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Patrick G. Grady
1103 Chesapeake Ct.
Palatine, IL 60074

RDB-15-1241

2. Article Number

(Transfer from service label)

1701412120 000018092 8125 11

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*

Agent
 Addressee

B. Received by (Printed Name)

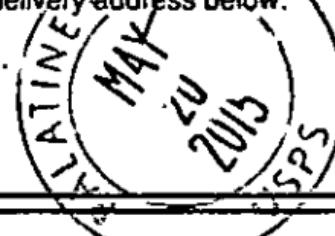
C. Date of Delivery

5/20/01

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes
 No



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Postage

\$

Certified Fee

Postmark
Here

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage &

Sent To

Patrick G. Grady
1103 Chesapeake Ct.
Palatine, IL 60074

Street & Apt. No.,
or PO Box No.

City, State, ZIP+4